



INSURANCE BINDER

DATE (MM/DD/YYYY)

12/12/2024

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Guardian Insurance 99 Main Street North Easton, MA 02356		COMPANY Verdant Underwriting Managers		BINDER #	
PHONE (A/C, No, Ext): (508)969-1980		FAX (A/C, No): (508)969-1986		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE:		SUB CODE:			
AGENCY CUSTOMER ID: 00005592		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Location Address: 14 Sheep's Pond Nantucket MA 02554			
INSURED AND MAILING ADDRESS 14 & 16 Sheep Pond LLC 29 Mystic Ave Somerville, MA 02145					

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Building (100% Replacement Cost) Personal Property Loss of Use	\$5,000 \$5,000 \$5,000	80%	\$1,500,000 \$250,000 \$200,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Personal Liability RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 500,000 \$ \$ \$ \$ \$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST UNINSURED MOTORIST (per accident)		\$ \$ \$ \$ \$ \$ \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: OTHER THAN COL:		ACTUAL CASH VALUE STATED AMOUNT		\$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION PER STATUTE		\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS / OTHER COVERAGES	This insurance policy may not be reduced, terminated or canceled without 30 days written notice to the mortgagee		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS

Clinton Savings Bank ISAOA / ATIMA c/o Lee & Mason Financial Services PO Box 8455 Reston, VA 20195	ADDITIONAL INSURED	LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE
	LENDER'S LOSS PAYABLE	
	LOAN #: 748 AUTHORIZED REPRESENTATIVE Bryan De Sa	